



I'M GOING THE DISTANCE FOR CELIAC DISEASE!

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

I am participating in the following event to raise money for the University of Chicago Celiac Disease Center, supporting their efforts to raise diagnosis rates for celiac disease through education, research and advocacy:

Name of Event: _____

Date of Event: _____

Location/Distance: _____

I understand and acknowledge that by signing up to participate in *Going the Distance* I am solely responsible for my health and safety and I agree not to hold the University of Chicago Celiac Disease Center, its staff, volunteers, sponsors or other agents acting on its behalf liable (nor will my family or any other agent acting on my behalf) should an accident or injury occur.

Signature: _____ Date: _____

Fax completed form to: 773-702-0666